PART B - FEE(S) TRANSMITTAL Complete and send this form FEE applicable fee(s), to: Mail Mail Stop ISS together w Commissioner for Patents P.O. Box 1450 JAN 1 9 2006 Alexandria, Virginia 22313-1450 (571) 273-2885 or <u>Fax</u> INSTRUCTIONS: form states be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further the difference including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 47915 7590 12/23/2005 CHERNOFF, VILHAUER, MCCLUNG & STENZEL, LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. 1600 ODS TOWER 601 SW SECOND AVENUE PORTLAND, OR 97204 01/20/2006 CHGUYEN3 00000022 09782910 (Depositor's name Russell (Signature 1400.00 OP 01 FC:1501 300.00 DP 02 FC:1504 (Date) January 17, 2006 FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO 3200 KLR 7146.062 09/782,910 02/12/2001 Michael J. Detlef TITLE OF INVENTION: MESSAGING SYSTEM DATE DUE TOTAL FEE(S) DUE **ISSUE FEE PUBLICATION FEE** APPLN, TYPE SMALL ENTITY 03/23/2006 \$1700 \$300 NO \$1400 nonprovisional ART UNIT CLASS-SUBCLASS **EXAMINER** 2142 709-225000 WILLETT, STEPHAN F 2. For printing on the patent front page, list 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). I Chernoff, Vilhauer, (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, McClung & Stenzel (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Sharp Laboratories of America, Inc. Camas, Washington ☐ Individual ☐ Corporation or other private group entity ☐ Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: Issue Fee A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1550 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. January 17, 2006 Authorized Signature 38,292 Kevin L. Russell Registration No. Typed or printed name

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IP-E	Application Number		09/782,910							
ONFERMINI	Filing Date	<u> </u>	February 12, 2001							
FOR	First Named Inven	tor	Michael J. Detlef							
JAN 1 9 2006 JAN 1 9 2006 Total Number of Pages in This Submission			Art Unit		2142					
Write Health Elli correspon	Examiner Name		Stephan F. Willett							
Total Number of Pages in Thi	is Submissi	ion	Attorney Docket N	umber	7146.0062					
			SURES (check all tha	nt apply)						
Fee Transmittal Form		☐ Drawing(s			After Alle	owance Communication to TC				
Fee Attached		Licensina	related Papers		Appeal Communication to Board					
Amendment / Reply		Petition			of Appeals and Interferences Appeal Communication to TC					
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After Final		Petition to Convert to a Provisional Application			Proprietary Information					
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address			Status Letter					
Extension of Time Request		Terminal Disclaimer			Other Enclosure(s) (please identify below):					
Express Abandonment Request		Request for Refund			PTOL 85B (Issue Fee Transmittal), in					
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Document(s)		The Commissioner is hereby authorized to charge any fees, or credit any overpayment, to Deposit Account No. 03-1550.								
Reply to Missing Parts/ Incomplete Application										
Reply to Missing Parts										
under 37 CFR1.52 (or 1.53									
	SIGN	ATURE OF	APPLICANT, ATTO	RNEY, O	R AGENT					
Firm		Chernoff, Vilhauer, McClung & Stenzel								
Signature										
Printed Name		Kevin L. Russell								
Date		January 17, 2006 Reg. No.			38,292					
		CERTIFICA	TE OF TRANSMISS	ION/MAI	LING					
I hereby certify that this cor Service with sufficient posta Box 1450, Alexandria, VA 22	ge as first o	dass mail in an	envelope addressed to	ne USPTO o: Mail Stop	or deposited Issue Fee, C	with the United States Postal Commissioner for Patents, P.O.				
Signature										
Typed or printed name	Kevin L. F	Russell			Date	January 17, 2006				

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Fees pursuant to the Con	πective on 12/0 solidated Appro	priations Act. 20	05 (H.R. 4818).		Complete if Known								
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METHOD OF PAYMENT (check all that apply)													
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :													
Deposit Account Deposit Account Number: 03-1550 Deposit Account Name: Chemoff, Vilhauer, McClung & Stenzel													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments													
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4. OTHER FEE(S) Fees Paid (\$)													
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Issue and Publication Fees \$1700													
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SUBMITTED BY													
Signature	11	/			Registration No.	38,292	Telephon	ne 503-227-5631					
					(Attorney/Agent)	50,232	Date						
Name (Print/Type)	Kevin L. Russell	 . 					Date	January 17, 200					

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